

Personal Membership Application Form

The fields marked with * are obligatory and have to be filled out.

Name* _____
First Name* _____
Date of birth* _____
Academic degree _____
Occupation _____

Private Address

Street / Post box* _____
Country / Postal Code / City* _____
Telephone* _____
Telefax _____
E-Mail* _____

Business Address

Company / Institution _____
Department _____
Street / Post box _____
Country / Postal Code / City _____
Telephone _____
Telefax _____

Please chose a membership category*

- | | | |
|--------------------------|---|--------------------|
| <input type="checkbox"/> | Standard Membership | 30,- € / year |
| <input type="checkbox"/> | Standard Membership (Reduction)
(Students, Pensioners, Persons receiving income support) | 20,- € / year |
| <input type="checkbox"/> | Supportive Membership | min. 60,- € / year |

If you want to become a supportive member, please fill in
the amount you would like to contribute per year _____

Important: If you want to benefit from a reduction, please add a copy of the document proving your status to this form or send a copy to our office within four weeks following your application.

Please transfer the membership fee to the following bank account:

Bank name: Badische Beamtenbank (BBBank);

Bank sorting code: 660 90 800;

Banc account number: 0016721303;

Code: Membership [Year].

(SWIFT: GENODE6K; BIC: GENODE61BBB; IBAN: DE91660908000016721303)

- I herewith agree to become member of AfricAvenir International e.V.

place

date

signature

Please print form and send to:

AfricAvenir International e.V., c/o Rodatus, Falckensteinstr. 32, 10997 Berlin, Germany

Phone: 030-69533628

Email: v.rodatus@africavenir.org, Web: www.africavenir.org